

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	8					
18	1					
19	1					
20	2					
21	2					
22	2					
23	2					
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27	2					
28	2					
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30	1					
31	2					
32	2					
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34	1					
35	1					
36	1					
37	3					
38	3					
39	3					
40	3					
41	3					
42	3					
43	3					
44	3					
45	3					
46	3					
47	3					
48	3					
49	3					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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